

Student Work-Study Termination Form

Student Name _____	C.W.I.D. # _____
SAP Cost Center _____	SAP Personnel # _____
<u>Check One:</u>	<u>Last Date Worked:</u>
_____ Terminated by Department	_____
_____ Voluntarily Quit	_____
_____ Graduated	_____
_____ Other	_____
_____ Name of Department	
_____ Work-Study Coordinator Name (please print)	_____ Phone
_____ Work-Study Coordinator Signature	_____ Date

RETURN FORM TO: PAYROLL OFFICE, 415 DIXON HALL, BOX #10

Once this form is received and processed, you will receive a new Work-Study Employment Hiring Card so you can hire a replacement for this position in your department.